

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name
CITY OF SAN MARCOS
Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)
Melinda Cogle, Deputy City Clerk
Area Code/Phone Number | E-mail
760-744-1050 | mcogle@san-marcos.net

RECEIVED
Date Stamp
NOV 17 2014
City Clerk Dept.
City of San Marcos

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 70.00
Event Description No County Philanthropy Council Lunch Date(s) 11 / 06 / 14
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
JABARA, KRISTAL		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Public purpose for intergovernmental relations
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____
Signature of Agency Head or Designee | Jack Griffin | City Manager | 11/17/2014
Print Name | Title | (Month, Day, Year)

Comment: _____